

be collected from the State Secretary's office towards the end of the fiscal year.

Third—A resolution was unanimously adopted that the assessment to join the Indemnity Defense Fund be continued at \$30.00 up to December, 1918, providing that this action may be hereafter modified by the Council.

Fourth—It was also resolved that the Councilor districts be left at 9, as they stand at present, and that six (6) Councilors be elected at large with the understanding that two (2) be apportioned to Los Angeles County.

Fifth—It was resolved that the annual meeting for 1919 be held at the Hotel Potter, Santa Barbara, California.

Owing to the volume of the report of the 1918 meeting at Del Monte, and the many subjects contained therein, it will not be ready for publication until the July issue of the Journal.

At the One Hundred and First Meeting of the Council of the Medical Society of the State of California, held at Hotel Del Monte, Monday evening, April 15, 1918, at 8:30 o'clock, on motion of Parkinson, seconded by Yates, it was unanimously

Resolved, That a notice appear in the next issue of the Journal calling the attention of members who desire their special lines of practice included in the Roster, to send the desired information to the State Secretary before the 10th of June.

The Roster of the members of the State Society is in preparation now. Therefore, it is imperative that physicians who wish to have their lines of special practice designated should send the information to the State office at once in writing.

AMERICAN WOMEN DOCTORS IN FOREIGN MEDICAL SERVICE.

Forty-three women physicians have been sent into foreign medical service by the American Red Cross, according to the Medical Advisory Committee to the Red Cross War Council. These women have not been sent as a unit, but as individuals. They are not only serving in France but in other countries in which the Red Cross is giving medical relief. Among those listed are the following from California: Jennie H. Anderson, Eureka; Emma Buckley, San Francisco; Margaret Farwell, Los Angeles; Clelia D. Mosher, Palo Alto; Gladys Patric, Los Angeles; Eva C. Reid, San Francisco; Clare Williams, Berkeley; Helen Woodroffe, Pasadena.

County Societies

ALAMEDA COUNTY.

The regular April meeting of the Alameda County Medical Association was omitted as usual owing to the fact that the California State Medical Society meets at the same time.

The Council of the Alameda County Medical Association has decided to omit the bi-monthly meetings until next October.

On recommendation of the Alameda County Institutions Commission, Dr. J. B. Fish, formerly of the San Francisco County Hospital, was appointed on April 29, 1918, interne surgeon at the Alameda County Hospital, vice Dr. P. Morton Manson resigned.

Dr. Robert T. Legge, of the University of California, has recently been appointed Director of First Aid, Bureau of Military Relief, American Red Cross of the Pacific Division.

Under the direction of the Oakland City Health Department, a drive on the habitat of the mosquito is being planned—all low lands and stagnant pools

in creeks among the hills will be sprayed with crude oil.

In response to the call of the American Red Cross and the Government for trained nurses, Mills College has included in its curriculum a course preliminary to the training course for nurses. This course will fit the student to take any responsible position where superior education, administrative ability, supervision of welfare work, instruction of nurses or care and sanitation by institutions is demanded.

That the crime of parricide committed by thirteen-year-old Alfred Herbert Nelson might have been averted had the boy been subjected to psychological tests earlier in life, resulting in his school course being "scientifically directed and physical or nervous defects corrected," is the conclusion reached by Dr. Jau, Don Ball, neurologist and psychologist, in his preliminary report to Probation Officer C. A. Wood.

Dr. Ball said, in part: "Oakland is in the lead in many respects and it can justly be stated that the medical psychological departments of the public schools in Oakland are doing wonderful work. The psychological department bids fair to be second to none in the country. I could not permit this opportunity to pass without expressing to you personally, my views not only on this case, but on the subject of child delinquency in general. When we examine the inmates of the State's prisons, we are dealing with end results. When we examine our juvenile delinquents we are only half way up stream. Let us go to the source, and with all the aid at our command, attempt to recognize the traits characteristic not only of the potential delinquent, but also of the future psycho-neurotic, and with our best aids, direct the individual course, so that instead of becoming a burden he will become a useful social being."

Dr. Minora E. Kibbe presented her resignation as visiting physician at the County Hospital—the doctor will be a candidate for the State Legislature and time will not permit her to continue her county duties.

Dr. Clara Williams of Berkeley is in France, as is Dr. Elsie Reed Mitchell. Dr. Williams is working under the Rockefeller Commission on Tuberculosis for the Red Cross for Civilian Relief among refugees in devastated areas. Dr. Mitchell also is working under the Red Cross among the same people.

On April 19th, the Samuel Merritt Hospital graduated thirty-nine nurses—the largest class in its history. Dr. W. S. Porter presided—Judge W. H. Donahue giving the graduating address, Dr. H. N. Rowell presenting the diplomas and Rev. W. K. Towner delivering the invocation.

The fourteenth commencement exercises of the Oakland College of Medicine and Surgery were held April 20th, Dr. Lemuel Adams, president of the faculty, presented the diplomas. The address was given by Dr. O. D. Hamlin.

Of the thirty-nine cities for which typhoid fever statistics for the year of 1917 have been compiled, the best showing is made by Oakland, with a total of only four deaths, or 1.9 in every 100,000 of population, according to figures received by Commissioner F. F. Jackson of the Public Health and Safety Department. New Orleans has the highest rate, 23.1.

Oakland heads the "honor roll" of cities having rates below five per 100,000. The statistics were compiled in Denver. Other western cities show as follows: Los Angeles, 4.7; San Francisco, 4.9; Portland, 5.2; Salt Lake City, 18.7.

On recommendation of the Civil Service Board of the city of Oakland, the City Council authorized the employment of an additional municipal nurse to be assigned for duty to the Anti-Tuberculosis Society.

LOS ANGELES COUNTY.

Our Honor Roll.

(Continued, as per Dr. Nannie C. Dunsmoor.)

Dr. Elliot Alden, Dr. F. J. Barnett, Dr. Wallace Bodge, Dr. F. A. Bonthius, Dr. Fred Bowen, Dr. O. W. Butler, Dr. W. F. Collins, Dr. Ray Cowan, Dr. Karl L. Dieterle, Dr. Margaret Farwell, Dr. W. V. C. Francis, Dr. Alfred C. Germann, Dr. James S. Hall, Dr. James F. Holleran, Dr. C. E. Ide, Dr. D. P. V. K. Johnson, Dr. J. J. A. Van Kaathoven, Dr. R. K. Macklen, Dr. S. J. Mattison, Dr. Jacob E. Owen, Dr. Gladys Patrick, Dr. J. Ross Reed, Dr. W. H. Robert, Dr. C. G. Stivers, Dr. J. C. Wilson, Dr. C. S. Young.

April Fourth Meeting of the Los Angeles County Medical Association.

Thursday evening on the fourth floor of the Hamburger Building, at 7:30, a number of doctors' wives started patriotic community singing under the leadership of a competent director, in honor of our military visitors. Madame M. Thorner, wife of Dr. M. Thorner, sang an inspiring solo.

At 8:15, Dr. Wm. Duffield, president, called the meeting to order. The secretary announced the forthcoming address by Major Henry D. Jump, with a mission from Washington calling for needed professional men, medical, dental and nurses.

Dr. Duffield requested Dr. Wm. A. Edwards, chairman of the program committee, to preside. Mr. Gurley Newlin, president of the Los Angeles Chapter of the Red Cross, spoke on the Third Liberty Loan, saying: "You know your duty and have nobly performed it."

As Major John R. McDill was in service, Major Robert Smart spoke on "The Transformation of a Civilian Doctor into a Military Medical Officer."

Major Smart, who was sent up from Camp Kearny, said that during this short time at war 20,000 doctors have been commissioned, 17,000 are serving. Eighty-five per cent had hardly any conception of their duty, most thought it the same as in hospitals. Prior to the war, the man might have been a Jack-of-all-trades, but in the Army Medical Reserve Corps he is assigned to the work to which he is best suited. He should be adaptable to any kind of work.

If all are equally well qualified, there are four things that military doctors must know: 1st, a practical knowledge of camp sanitation; 2d, control of men; 3rd, military discipline; 4th, drill.

Sanitation. This differs from that of civil life, for in the army the individual case is superseded by the mass. Prevention is aimed at. The doctor is the medical advisor of the commanding officer in everything, as the physical welfare of the troops and treating diseases. In camp men are grouped together and contagious diseases spread more quickly. Camps lack modern conveniences. Men get wet and cold and fatigued. Military sanitation can be enforced by quarantine. There is no trouble when men have good water supply, sewage, etc., but in camp latrines, caring for garbage by incinerators, is a difficult task. Put 250 recruits in tents, feed them, you cannot keep away disease. The number of diseases transmitted by water, food, and flies shows how important latrines, etc., are in camp life. The civil practitioner never gives them a thought. Should an infectious disease break out, it must be isolated, separated and quarantined. You must stop it getting into camp. In civil life, you notify the health office. The troop is quarantined until infection has passed. Prophylaxis against smallpox and inoculation against typhoid. Pneumonia and spinal meningitis you treat as in civil life. You never have the same problems in camp. The latrines, fill up with straw, oil is poured on and burned, but they fill up the quicker. Use lampblack and crude oil, flies do not like it; it is the best disinfectant.

The ability to command men. Men in the Medical Reserve Corps, surgeons, internists, laboratory men, may have to be something else. They may

have the administration of hospitals, command men at first line dressing hospitals, etc. You must control men in small or large numbers. Refuse, and gain a friend; there should be no semblance of tyranny; treat every one impartially.

Military discipline means to get immediate and unquestioning obedience to an order. It is harder to keep discipline in the American army because the men are brought up on an equality without inferiors and superiors. Rank-salutes and courtesies to superiors are not snobbishness. If men do not observe this discipline, will they carry out orders in the trenches?

Military drill teaches discipline. There are 135,000 hospital corps men. Our soldiers are said to have good brains and action, but discipline and uniform are poor. To drill men is more fun than work. You get up at five in the morning and you will like it. Army regulation is the law by which the army is run. You may be put in care of a base hospital or ambulance. You must know where and how to get the knives and forks, etc.

General Wood said 5,000,000 men in the field are required. Twenty thousand doctors, 17,000 in service. There are 2,000,000 men at present, 3,000,000 more will be needed soon, and from 20 to 30,000 more doctors. Los Angeles will not fail. If you cannot do the thing you are now doing, you must do what you are asked to do.

"Military Aspects of Typhoid Fever," by Major M. A. Ravenal.

Typhoid from the army standpoint is principally its control, which is a brilliant achievement. Military surgeons treat masses rather than individuals. Whatever branch concerned, the object is to get the greatest number of men in the fighting line in the least time. If men have to be quarantined it means much loss. During the Spanish war out of 107,000 men there were 27,000 cases of typhoid, of which 650 died in centers of civilization as in Jacksonville, Fla., and San Antonio, Tex. In that war every camp became infected in seven weeks. Seventy-five per cent. of typhoid epidemic was due to drinking water. Milk has caused big epidemics. The hypochlorite purification of water is simple.

Danger of infection from contact. Typhoid fever carriers infect a larger number of men in the army because of closer contact. Some have been typhoid fever carriers for four years who never had typhoid. Men dying of consumption had typhoid germs in the kidneys. On the ship Acme, Martin Olsen used the common drinking cup for distilled water thus infecting many. Mary, a cook on Long Island, excreted the germs with the feces infecting many. An epidemic broke out in the Roosevelt Hospital among the help for whom she was cooking. Fifty-six cases were due to her of which four or five died. One hundred and sixty cases were traced to one carrier. At Camp Kearny, because of anti-typhoid vaccination, there is no typhoid carrier or ambulatory case. Frequently protracted diarrhea is often found to be typhoid. In these cases the germs have no power to infect the blood of the carrier. The method of Pasteur of cultivating the virulency of the typhoid germ by passing it from man to man shows how virulent epidemics arise. Flies are carriers. Latrines must be protected from flies by lime. Flies carry the infection from camp to camp. At Camp Kearny there are about 6000 horses. The manure remaining soft, is a fine medium for the typhoid germ's growth. The stage of infectivity is when Peyer's patches break down and there is diarrhea. In the second week of inoculation infectivity is only a little less, but double that of convalescence. Paratyphoid was most prevalent at the Texas border.

Anti-typhoid vaccine should be used for both a and b Paratyphoid. Triple vaccine should be used as there is danger of anaphylaxis if repeated at intervals. Those forty-five years old are exempt from vaccination unless they are to go to the front. Typhoid is now non-existent in the army

due to anti-typhoid vaccination. It is a triumph of preventive medicine.

Dr. Duffield said that the profession has fallen short on the Liberty Loan. There should be organized effort on the part of the city and county in not only buying but also in encouraging the purchase by others. There should be a society executive committee for that purpose, and that Dr. Browning is instructed to appoint its members.

Dr. Thomas reported on the Resolution, In Re Contract Practice in Industrial Compensation Work as follows:
Gentlemen:

A full attendance of your committee and one member of the State Committee on Industrial Accident Insurance, met at my office Wednesday night, March 27th, and after listening to the reading of much of the data used for making our report last year to the State Society (of which committee I had the honor of being chairman), and to letters from Mr. Fellows, manager of the fund, and fully considering and discussing them, the members present admitted that it would not be within the bounds of good business for either the insurance companies, the State compensation fund, or the insured to live up to their agreement made with the State Society at Santa Barbara three years ago, as regards permitting any member of the Society to do industrial compensation work. To do this is equivalent to saying that we believe every member of this Society is thoroughly competent in this work, which is, of course, a wrong assumption. We believe that industrial work is largely surgery and should come under the care of men especially trained and having special facilities for that work.

They have presented to us definite proof of many very glaring incidents of inefficiency; some disloyalty in the matter of padding bills; and undisputable evidence of neglect and other shortcomings on the part of the profession in the diagnosis and care of industrial accident cases.

While we do not believe it is fair, nor believe it to be good business on the part of the State fund to limit the men who are acceptable to the fund to a few, there is no doubt but what a limitation must be put on this sort of work, in order that the law regulating industrial accident insurance, which is on our statute books, can be enforced. The instances of wrong diagnosis, prognosis and treatment given by Mr. Fellows of the commission to this committee, are many and most flagrant. Some of these cases reported are well known to some of the members of this committee.

Our committee is desirous of standing for the medical profession and at all times will resent unfair criticisms, and will endeavor by all possible methods to prevent a stigma from resting upon the profession, but its members must admit that the fund has ample reason for refusing to continue its business on the basis of permitting any M. D., regardless of his lack of special training to assume charge of all industrial accident cases which may come into his hands.

We feel, therefore, that it is incumbent upon us to recognize these facts and endeavor to supply the commission, when requested, with the names of the men who are first willing, and second able, both in knowledge and appliances, to render good services to their injured people.

Your committee's recommendation then is, that a responsible secret committee of five members of the County Society, who do not want the work, be appointed by the president of the Society to act as an advisory board to the commission, to place before the manager of the fund, from time to time, the names of the men in the county who desire the work, and who are doing good surgery and who, they believe, will be fair in their financial dealings with the fund. It should be arranged so

that when a man wants to do this work, he can apply to the fund for his appointment, and in return, if the manager does not know him, he can secure all necessary information regarding the applicant, from our secret committee.

We recommend and respectfully request that the manager of the fund cause an application blank to be printed so that those who may desire to do this work may make formal application.

We consider it desirable to both the commission and the medical profession at large, that the present panel of eligibles for the work, be rapidly increased in accordance with the above plan.

Your committee wishes to go on record most emphatically against any and all of the schemes which are being used by most of the insurance companies to secure their medical services for less than the accepted fee schedule, and to urge the Council to proceed, as per instructions from the Society, at once with the disciplining of all members who are guilty of participating in such schemes. The two most common of these transgressions are first the straight salary one, which is simply an effort to get the work done below schedule, and second accepting the work by men at the fee schedule or less and then submitting it to certain other men at a profit to themselves.

Respectfully submitted.

DR. C. P. THOMAS, Chairman;
DR. H. E. SOUTHWORTH,
DR. C. E. PHILLIPS,
DR. E. M. PALLETTE,
DR. F. L. ROGERS,
DR. A. HALDEN JONES,
DR. E. O. PALMER.

Dr. Hunter asked whether twelve men on such a committee would not be a political matter.

Dr. Thomas said that it was a compromise deal with Mr. Fellows that satisfactory men were to be appointed. Any member not satisfactory is dropped from the list. He does not care to increase the list.

Dr. Hunter spoke of a case he had which was referred to others. May not we in general practice be treated equally unfairly?

Dr. Thomas answered that it could not be prevented.

Dr. Cook told of the resolution passed by the committee of the State Society, accepted by that of the County Society, which would come up at the meeting at Del Monte and a fight would take place there regarding it.

Dr. Thomas, as chairman of the State Committee: I will be for this Society if we reject the measure and report it to the State Society.

A motion that the Committee on Contract Practice be continued was carried.

Dr. Thomas C. Myers: As a member of the Society for many years I was in doubt in the way the legal defense fund of the State Medical Society was handled. I became a defendant in a suit of a case where the patient died one and a half hours after the operation. I gave notice and was referred to Mr. Morrow who had no objection to have my personal attorney work on the case with him. Mr. Morrow knew more about embolism, etc., relating to the case than many of the profession and the case was thrown out of court. The State defense fund is right and just. The plaintiff was found unreliable and a perjurer. The State Society spared no expense in looking up the record without extra cost to me. I am heartily in favor of the legal defense fund and our attorney. I joined by donating \$30,—\$15 per year.

Long Beach Branch.

Dr. H. H. Heylman, secretary, reports: We had a very profitable meeting the evening of April 26th in which we were joined by the dentists of this city, as well as the doctors and dentists of San Pedro and Fort McArthur.

The scientific program consisted of a symposium on "Focal Infections."

"Viewpoint of the Dentist," Dr. Frank B. Damon.

"Viewpoint of the Rhinologist," Dr. Robert B. Sweet.

"Viewpoint of the Internist," Dr. Bernard Oettinger.

The papers were illustrated by numerous plates and lantern slides and the program was followed by a buffet luncheon."

Pasadena Branch.

Dr. Harry F. Markolf, secretary, reports: No meeting of this branch was held during March.

Dr. F. A. Speik, chairman; meeting held at office of Frank A. Giguette, D. D. S., the Dental Society uniting with the Medical in the program. Routine business first transacted.

First on the program was a paper on "Dental Interpretation of X-rays," presented by H. R. Packard, D. D. S.

Dr. Packard spoke of the necessity of radiographs but also stated the other examinations should not be neglected. He believes radiographs should be interpreted only by those skilled in such work. He mentioned facts of misinterpretations and their effects.

Charles Lee King, M. D., took up the medical aspects of "Dental Infections." Dr. King considers focal infections about the teeth as of the same significance as focal infections elsewhere. He quoted research work and other work done by others along the line of focal infection. He cautioned against considering the tooth infections as being the only causes of manifestations. Other foci not discovered may be giving rise to the symptoms, and a careful and complete search should be made.

W. C. Smith, D. D. S., took up the "Physical Defects of Children as Observed by the Orthodontists." He described the typical defects as produced by pressure or by lack of pressure. He presented many photographs illustrating the conditions which he described.

There was a lengthy general discussion of the subjects. After adjournment refreshments were served.

Commissioned Officers of Los Angeles County Medical Association.

Captain J. A. Balsley writes from Camp Kearny, April 26, saying:

The commissioned officers of the Los Angeles County Medical Association, now in active service at Camp Kearny are having a splendid opportunity to demonstrate their professional ability and at the same time acquire the necessary military training for efficient service under experienced regular Army officers.

Without exception our County Society members have entered upon their work here with both "pep" and judgment. Some of them have been given positions of considerable responsibility which means that the Los Angeles County Medical Association will likely be well represented on the firing line somewhere over there when this unit arrives.

Very sincerely,

J. A. BALSLEY.

Personals.

Major J. M. Burlew with the United States Medical Corps at San Antonio has been discharged from active service on account of physical defects. April 6th he left for Chicago to be operated upon. On his recovery he will return to Santa Ana.

Dr. Charles G. Shipman, a former Health Commissioner of Santa Monica, died suddenly, April 9, in his office in the First National Bank Building, Ocean Park.

Mother of Dr. Charles Burnside Passes Away.

Mrs. Mary Elizabeth Burnside, 73 years of age, mother of Dr. Burnside, of Los Angeles, died April 10, at her home 1802 North Van Ness avenue, Hollywood.

Long Beach Doctor in British Medical Corps.

Dr. Gordon Grundy, graduate of McGill University, Canada, who practiced medicine in Long Beach, is now a lieutenant in the Royal Army Medical Corps stationed at the 38th General Hospital in Saloniki. He entered the army August 2, 1917, in Canada, where he was doing hospital work.

Dr. Lindley Recovering from Operation.

Dr. Walter Lindley, the founder and general manager of the California Hospital, is recovering from the operation he underwent April 14. Dr. Lindley is 68 years of age and has lived in Southern California for forty-three years.

Dr. J. M. Goodspeed, 77, well-known physician of Los Angeles, died suddenly at his residence, 1121½ South Olive street.

Los Angeles Doctors Wanted for War Duty at Once.

Seventy-five Los Angeles physicians and surgeons under 35 years of age are called for immediate service in Europe by Captain M. M. Cloud of the United States Army Medical Corps. The names of the applicants will be sent immediately to the Surgeon General at Washington. The enlisted are to be sent into the War Zone Hospitals back of the British lines or the convalescent hospitals in England. Apply at room 228 San Fernando building. Applicants must bear pure Anglo-Saxon or good American names. Names that savor of German origin will not be forwarded as they would not be accepted in Great Britain. They must be graduates of reputable medical colleges and must be engaged in the active practice of medicine. California stands thirtieth on the list of States which have sent their medical men into the service.

Physicians under 31 years are subject to service as selects. They would enter the army as privates. It would be better that they enter service in their own profession. Those that enlist will serve in the United States Army Medical Corps, but do British service.

Major J. J. A. Van Kaathoven, April 11, issued a call to the Medical Corps for a volunteer internist for Base Hospital 35 at Camp Kearny.

Army Base Hospital Wants Fifty More Men.

Fifty men not over 45 years are wanted for immediate enlistment in the Army Base Hospital No. 35. Major J. J. A. Van Kaathoven, 1118 Brockman Building, Phones F 2025 and Main 4942, is director of the unit which is now at Camp Kearny. Applicant should apply in person, by mail or phone between 10 a. m. and 5 p. m.

This service will require of one almost all the duties usually required of hospital internes, except the medical side of the work. The men need not be medical men. There is a chance for promotion and immediate service in France.

Two Los Angeles Women Go to France.

Dr. Placida Gardner, city bacteriologist, and her sister, Miss Margaret Gardner, city prosecutor, members of the Stanford University war unit, will leave for France May 15th.

Homeopathic Society Elects Officers.

At a meeting at the Hotel Alexandria, April 10, the annual election was as follows:

Dr. F. H. Bishop, Alhambra, president; Dr. S. S. Salsbury, Los Angeles, vice-president; Dr. B. M. Fuller, Los Angeles, secretary-treasurer. Dr. W. J. Hawkes was toastmaster. Among the speakers were: Dr. Eleanor Martin, Dr. H. G. Shepherd, Dr. F. S. Barnard and Dr. Charles R. Clapp.

It was announced that with the initial endowment of \$6000 a new homeopathic hospital in the eastern part of Los Angeles would soon be opened.

White Hospital Opening.

Dedicatory exercises of the White Memorial Hospital were held April 21 at 3 p. m. on the hospital grounds at Boyle and Michigan avenues for the Loma Linda College of Medical Evangelists.

Dr. Percy T. Magan, superintendent of the White Hospital was chairman. Dr. William R. Molony of the State Board of Medical Examiners, the Rev. Arthur G. Daniells, president of the world conference of Seventh Day Adventists, the Rev. W. C. White, son of Mrs. Ellen G. White, for whom the hospital was named; Dr. Newton Evans, president of Loma Linda College of Medical Evangelists; the Rev. E. E. Andrews, vice-president of the world conference for North America, and the Rev. J. W. Christian spoke. The hospital is built upon the court plan, the buildings opening into a central court on the block instead of on the street.

Orthopedic Surgeons Banquet.

Lieutenants Charles S. Young, W. C. S. Koebig, A. M. Schultz, L. M. McCoy, Frank J. Bestin, James J. McLaughlin, and Captain John Cree Wilson of Los Angeles; Lieut. Charles A. Warmer of Ontario; Captain Richard Dillihunt and Lieut. Victor P. Rocha of Portland; Captain Earl Greenwood, Lieutenants Joseph J. Kavanaugh and T. Z. Peoples of San Francisco; Lieutenant C. A. Downs, Baltimore, Md.; Lieutenant John E. Paulson, San Quentin; Captain Everett O. Jones, Seattle; Lieutenant J. W. Crawford, Sacramento, and Lieutenant R. M. Smith of Loma Linda of the Medical Reserve Corps, banqueted their former professors at the University Club April 17.

The honored guests were Drs. A. E. Gallant, Elliot Alden, W. R. Molony, C. L. Allen, Miles C. Varian and Stanley P. Black. The headquarters of the Medical Corps officers are at 810 Brockman Building.

LOS ANGELES COUNTY.

(Continued from May Journal, 1918.)

Dr. Harlan Shoemaker spoke on "Intestinal Obstruction."

He showed the value of histories of these interesting cases. The average mortality is 55 per cent. 45 per cent. walked into the hospital and remained three to eight days on the average, although some were three years coming. Catharsis had been used in all cases, causing reverse peristalsis and vomiting to get rid of same, rupture being the danger.

1. **Pain**, which diminishes with gangrene.
2. **Vomiting** present in every case, belching of gas due to reversal of peristaltic wave.
3. **Distention** may not be present, or may be excessive from drinking too much water.
4. **Tenderness** on palpation requires experienced judgment.
5. **Abdominal Rigidity** during pain.
6. **Tumor mass**, 86 per cent. did not present any. In 18 per cent. tumor could be felt.
7. **Peristalsis** may be present in 13 per cent. Auscultatory peristalsis, absent with gangrene.
8. **Constipation** is always present.

These symptoms and signs constitute the clinical picture of obstruction.

Leukocytosis is present in all cases.

Treatment is medical and surgical. Soap and enemata, washing of stomach for sanitary reasons, by emetics as mustard and water or apomorphine. Nothing should be given by mouth. Water by the Murphy drip method, by hypodermoclysis. Surgical treatment by early operation.

Discussion.

Dr. Chas. P. Thomas commended all Dr. Shoemaker said. He thought the issue in post-operative cases with obstruction are not always fatal; that such cases may be saved as late as the eighth or tenth day, if they had had stomach lavage. They stand re-opening well. He told of a woman re-opened eight times for enteroptosis

first and then for obstruction, who is now living and well. Distention is present when ice water was given and no stomach pump used. The use of the stethoscope is essential in obstruction, as it points out the obstruction early in the case, thus diagnosing in time for operation.

Dr. Geo. L. Cole spoke of a case of obstruction due to gall stones near the ileocecal valve. There was no history of gall stones, but one of gas and indigestion. The last few years laxatives were used regularly. The gall stones were found in removal of obstruction. A medical case.—Labor had lasted three or four days, and two days after confinement the patient was moribund with intestinal obstruction. Strychnine was given, distention began to lessen and eight days later the patient passed eight inches of intestine. She has been well since.

Dr. E. H. Wiley spoke of a case of obstruction with symptoms of nausea, vomiting, rigidity and unequal and unsymmetrical distention. The withdrawal of the urine relieved the obstruction. A woman was operated on for fibroid and obstruction which was found to be caused by a small tumor in the ileum containing a piece of bone with four or five teeth.

Dr. A. H. Zeiler told of leukocytosis, and nitrogen retention in the blood as of value in early diagnosis of intestinal obstruction. Indican occurs in any form of constipation.

Dr. E. H. Schneider dwelt on intestinal paresis in this connection, and Dr. C. F. Nelson on leukocytosis as one of the early signs; that a case should not go on to peritonitis. Obscure intestinal pain should be carefully studied by the fluoroscope and the X-ray. The cause of intestinal pain should be determined and relieved by early operation, before obstruction develops. Intestinal obstruction other than those cases due to strangulated hernia, etc., are cases of neglect on part of physician. The diagnosis should be made in all cases before intestinal obstruction develops.

Dr. A. B. Cecil spoke of a type of obstruction following right nephrectomy.

Dr. O. O. Witherbee thought much time would be wasted waiting for all the symptoms. It is better to make an incision and find no obstruction than making it too late. In one case the possibility of obstruction was studied by four practitioners and operated upon too late; a loop of intestine was dead. The use of the X-ray and an aseptic scalpel would have been better. When shall we open the abdomen? Shall we open when fully convinced or study the case with the chance of losing the patient who then really has no chance at all?

Dr. Schumaker in closing said that the nitrogen balance was not so interesting as pain, vomiting, distention, tenderness, rigidity, possible tumor mass, peristaltic wave and constipation to make a good diagnosis. The blood count is also of value. Leukocytosis is a rather early sign. Obstruction occurs most frequently past middle life and in early life. Paralysis of intestine is the stage when reverse peristalsis is about to take place. Treatment should consist in an absolute starvation diet and absolute rest. Water should be given under the skin or by colon, not taken in the stomach, which causes distention.

"Solints and Their Application, With Relation to Fractures. Demonstration of a Universal Adjustable Splint," by Dr. J. Rollin French.

Dr. French said that the legal journals discuss this subject because of malpractice suits. The fracture must be reduced, the position immobilized. The splint should give ease and comfort besides being efficient. The cost and time of construction must be taken into account. The splint is made of light wood and must immobilize the limb. The framework must be of rigid material. It should be modified at time of application and

sterilized after a few weeks. It should be removed from time to time varying with the fracture. At the end of the week, massage should be given. Aero-splint for shoulder at right angle, triangular splint, internal angular splint, bridges for compound fractures, plaster bandages on roll, splints for plastic work as for extensor tendons, Hodgens frame, double inclined frame, fracture box, all were spoken of and shown.

Dr. E. A. Newton spoke of fractures being treated in many different ways, of immobilization above and below fractures. A week after Colles fracture, massage should be given every day. The patient should be able to go to work soon, not to get ankylosis. Massage is important.

The Remote Effects of Absorption of Urine from the Colon. A Case of Traumatic Unilateral Uretero-Intestinal Anastomosis.

(By Dr. A. B. Cecil.)

The author points out that heretofore the chief interest in uretero-intestinal anastomosis has centered on developing a technic of implanting the ureter into the bowel in such a manner as to prevent ascending renal infection and hydronephrosis. He has carried out investigation of animal experiments, congenital cases of uretero-intestinal anastomosis and clinical cases of uretero-intestinal anastomosis in man to determine what deleterious effects, if any, might arise from the absorption of urine from the intestine after implantation of the ureter into the bowel. He reports a unique case of unilateral uretero-intestinal anastomosis which had been present for twenty years and resulted from trauma in removing an ovarian cyst. The kidney still continued to functionate into the bowel. The case presented most marked toxic symptoms, blindness, severe headache, high blood pressure, tachycardia, great nervousness, etc. All of these symptoms being very greatly relieved by removal of the kidney which drained into the rectum. His conclusions are that urine can be diverted into the large bowel compatible with quite a long term of life but that independent of kidney destruction prolonged diversion of urine into even the lower bowel exerts a deleterious influence after a considerable number of years which may produce a clinical picture not unlike chronic nephritis.

Discussion by Dr. R. V. Day and Chas. E. Zerfing. Dr. C. P. Thomas spoke of extrophy of the bladder and of high death rate in colon operation because of colon bacilli.

Dr. Cecil mentioned that substances in the colon sometimes go back through the coecum.

Los Angeles County Medical Meeting of March 21st was preceded by community singing led by Mrs. M. Thorner, Mrs. Carl Johnson, Mrs. C. G. Stivers, Miss Ruth Hutchinson, Mrs. William Duffield and others. Wives, best men and girls and friends helped to render the stirring songs in a lively spirit appreciated by all present.

Dr. Wm. Duffield, the president, opened the meeting by declaring that the draft has only commenced and that personal sacrifice is necessary. He announced that the program consists of a symposium on "Selective Service."

Dr. Chas. C. Browning said that every man can be of service, although unable to go to war because of physical disability. Tuberculosis may not disqualify him at home but he cannot go to the front. If one having tuberculosis was discharged from the army because of such disability, he might on his return seeking work be unable to secure any. An incipient case may become a clinical one.

"The Classification in Selective Service," by Geo. J. Denis, chairman Los Angeles County Joint Local Board. He spoke on the theory and practice of selective draft between the ages of 21 and 31.

"Kaiserism," he said, is a blight worse than any disease. Selective Service law is the greatest law the human intellect has produced. It has created a great army in less than one year, all based on the Constitution. To protect the country, the Government was forced to declare war April 6, 1917. The Selective Service law was enacted by Congress May 18. 10,000,000 names were registered. The men were called before the various boards consisting of 15,000 members. The registrants must give reasons why they should not serve. It is no draft, no conscription; it is selective service. The members of the boards are appointed to select the men.

Exemptions:—First, all men except those within the ages of 21 and 31 who have no dependents, called Class I-A.

Second, men who have wives with independent means, Class 1, 2.

Third, those who have dependent father, mother, brothers and sisters.

Fourth, those who have dependent wives.

Fifth, men already in the service. The felon, for no convict can wear the uniform of the country.

The duty of the 15,000 members of the board is to furnish peaceful citizens as warriors. District 17 is the largest board. Exemptions must be in writing. The wife may ask for exemption no matter how much the husband may desire to go, for he owes support to wife and children. Should he leave his wife soon after, she could send him to war for having ceased to be the support of his dependent wife. That man instantly goes into class one. A man who is 5 or 6 pounds overweight or 10 to 12 pounds under weight should be allowed to enter the army. The theory is to get men. Questionnaires must be filled by men of serviceable age. Some pass the local boards with a glance. The local boards should be reasonably certain; more than 600 doctors have been discharged for inefficiency alone. Defects like hernia, troubles of feet and legs can be remedied by surgeons of the U. S. Class C is the industrial army.

"The Medical and Surgical Requirements of the Selective Service," by Granville McGowan, chairman District Medical Advisory Board.

Dr. McGowan said that the army could not be raised successfully without the medical profession. The board was asked to volunteer its services. With the exception of those who have had experience in great corporations, such as insurance companies, the doctors found that the qualifications were quite different, and many diverse opinions arose. Neither the men nor the Government were satisfied. As physicians have their limitations, they know no more in the army than when they were in practice. Slight defects should be repaired. The specialists named in the various systems must be honest and courteous and give a good examination. All classes of labor should be conscripted; the medical service first. Weight, height, girth, eyes, ears, teeth, nose, throat, heart, lungs, genitals, general impression as healthy etc., must be considered. The first class may be from 5 ft. 4 to 6 ft. 2 in height and weight in proportion. The man must be able to carry 62½ pounds on his shoulders for 24 hours. If there is a deficiency in weight find out the cause, examine lungs for tuberculosis. Diabetes, chronic Bright's disease, or Basedow's disease may be the reason. The joints must be nimble, etc. The back must be straight. The board will be enlarged to meet demands.

"Some Observations on the Cardio-Renal Work at Cantonments," by Major Walter Brem at Camp Kearny. Dr. Brem pointed out how a man's life may depend on an examination. A case with mitral stenosis, fever 95° to 100°, tonsils enlarged and infected was thought to be tachycardia due to

auto-intoxication from infection. Dr. Brem saw men break down from heart lesions, nearly all had mitral stenosis or hyperthyroidism, or rheumatism. They break down from intensive training when they would not show any affection in civil life. They show no sign while at the disability board in the base hospital, and would say that six different boards never found any heart trouble. There were 156 cases of aortic insufficiency, 100 of hyperthyroidism. The middle west and Utah lead in the latter. Athletic heart, the syndrome of the English, is not admitted, but considered due to hyperthyroidism. The middle west and Utah lead in the latter. Athletic heart, the syndrome of the English is not admitted, but considered due to hyperthyroidism. Tachycardia, the usual symptom of hyperthyroidism, may be caused by mitral is usually practiced before entering service.

MENDOCINO COUNTY.

April Meeting of Medical Society.

A regular meeting was held on Saturday evening, April 20th, at the residence of Dr. L. K. Van Allen, Ukiah.

Our President, Dr. G. W. Stout, called the meeting to order. Members present: Drs. G. W. Stout, Ida Malpas, M. J. Rowe, L. K. Van Allen, F. C. Peirsol, H. O. Cleland, L. C. Gregory and O. H. Beckman. Visitors: Drs. Arabella Feldkamp, Talmage; M. A. Craig, Lakeport; W. L. Blodgett, Calistoga; Donald R. Smith, Talmage, and Captain Raymond C. Babcock, M. R. C., U. S. A.

Minutes of last meeting approved.

Dr. A. S. Hickox, Hopland, and Capt. Raymond C. Babcock, M. R. C., U. S. A., were elected to membership.

Among the communications were letters from our Senators and Representative in Congress in answer to our letters urging their active support for the bills for increase in the rank and percentage of physicians in the Medical Reserve Corps of the Army to equal that given to similar officers in the Navy.

A letter for information from the New York Academy of Medicine.

Dr. Van Allen read a circular letter—"To the Local Health Officer"—on Communicable Diseases, from Surgeon-General Rupert Blue.

Program: Dr. H. O. Cleland reported on the after-treatment of his Caesarian Section, which terminated satisfactorily. Next came his paper on Goiter. In it he discussed goiter from every direction and cause—with varying treatment by both medicine and surgery and with varying results. This excellent paper was discussed by all present.

Dr. Van Allen read a very instructive paper on Hydrotherapy in Pneumonia. He emphasized cold towels and mitten rubbing, fomentations and cold compresses.

Capt. Babcock gave a very interesting and illustrating discourse on "Experiences as an Army M. D."

Dr. Peirsol, the Alternate, made a verbal report on the State Society Meeting at Del Monte.

On adjourning Dr. and Mrs. Van Allen conducted us from the neat and fragrantly decorated parlor into a dining-room equally delighting. Our sense of taste was certainly satisfied and left a pleasantly grateful feeling towards Mrs. Van Allen and her cozy and cheerful home.

On Sunday forenoon, April 21st, at Talmage, Dr. R. L. Richards, Superintendent of the Mendocino State Hospital, gave a very practical, illustrating and instructive clinical lecture on Praecox. Several varieties of clinical subjects were interviewed, among them the Czar. Dr. Richards pointed out the peculiarities and progress of each kind, in both the male and female. This society is very much beholden to Dr. Richards for this clinical opportunity.

Our Volunteers.

Lieut. Raymond C. Babcock has been promoted to a Captaincy and is home on furlough.

News from Lieut. H. H. Wolfe states that he had received notice of a recommendation for a Captaincy and was expecting his commission from Washington in a few days. He is on duty in the Camp Infirmary at Camp Crane, Allentown, Pa., and has been busier than ever. Had about sixty cases of mumps, with a few of scarlatina. As he is kept busy improving his mind and his patients, little time is left for letter writing.

Assistant Surgeon R. H. Hunt, U. S. N. R. F., is on the "Moccasin."

NAPA COUNTY.

The officers elected by the Napa County Medical Society for the year 1918 are as follows: President, Dr. J. B. Rogers, State Hospital, Napa; Vice-President, Dr. Robert Crees, Napa; Secretary, Dr. O. T. Schulze, Napa. Dr. Robert Crees was also appointed Associate Editor.

SAN DIEGO COUNTY.

Dr. Gordon T. Courtenay has accepted a commission as Assistant Surgeon in the Navy and is stationed at Ballast Point, Cal.

Dr. O. G. Wicherski, county physician, is again actively about after a few days' acute illness.

Climate and tuberculosis with especial reference to the enlisted man, furnished a timely and animated discussion at the first meeting of the County Society in May. The paper of the evening was presented by Dr. Leon DeVille.

A very interesting dinner meeting was held by the County Society at the U. S. Grant Hotel recently at which the honor guests were the medical officers of the Navy who are stationed about San Diego. Interesting addresses were made by W. H. Bucher, Surg. U. S. N., W. M. Kerr, Surg. U. S. N., E. W. Phillips, Past Asst. Surg. U. S. N., and James F. Churchill, Asst. Surg. U. S. Naval Reserve Force.

The Talent Workers' Hospital, after seven weeks of preparation, is about ready to open its doors to the families of the officers and enlisted men in the service. The managerial board consists of the ranking officer of the Army, here stationed, the ranking officer of the Navy, here stationed, the president of the Talent Workers and the president of the County Medical Society.

SAN FRANCISCO COUNTY.

SUBSCRIBE TO THE BUILDING FUND FOR THE SAN FRANCISCO ASSOCIATION FOR THE BLIND

Send Your Checks to 432 Sutter Street
or 1526 California Street.

SAN JOAQUIN COUNTY.

The regular meeting of the San Joaquin County Medical Society was held on Friday evening, April 26th, in the offices of B. F. Walker in the Elks' Building. Those present were: Drs. Margaret Smythe, B. F. Walker, T. J. Cochrane, F. Conzelman, H. B. Bolinger, E. J. Todd, A. H. McClish, Dr. McCloskey, C. R. Harry, Dr. Mason, G. T. Davison, J. V. Craviotto, H. E. Sanderson, J. E. Dameron, Mary Taylor, E. A. Arthur, C. D. Holliger, D. R. Powell, with Major J. Wilson Shiels of the Letterman General Hospital, San Francisco, as guest of the evening. The president introduced Major Shiels, who made a most entertaining and instructive talk upon the experiences with the medical cases seen in the Letterman General Hospital.

SANTA BARBARA COUNTY.

First Lieut. Phillip Cunnane passed through town recently on his way to the Medical Officers' Training Camp at Fort Riley, Kans., where he is a part of Company 31. Much is expected of the brilliantly promising future of Dr. Cunnane by his friends in Santa Barbara.

The new Santa Barbara General Hospital, erected by the county at considerable expense, at Goleta, is now ready for occupancy and will be occupied this month. The hospital is a credit to its builders and the county. Much satisfaction is expressed over its building arrangements and location.

The Cottage Hospital is once more the recipient of great benefit from its benefactors. A nice new addition is being built on the west end which is to be devoted entirely to obstetrics. This will greatly enlarge the department and the physicians of the place greet its advent most joyfully.

SANTA CLARA COUNTY.

The Santa Clara County Medical Society held its regular monthly meeting on May 1st at The Oaks Sanitarium, Los Gatos.

The doctors were first taken on a tour of inspection of the institution's new and model buildings and were particularly interested in the demonstration of the service building and kitchen.

The scientific program began at 8:30 p. m. It consisted of a paper on the Modern Treatment of Tuberculosis and Sanitarium Methods, by Dr. W. C. Voorsanger, medical director of the sanitarium; cases treated at the Oaks Sanitarium during the past two years by Dr. Louis Boonshaft, assistant medical director of the sanitarium; and The Value of the X-Ray in Tuberculosis of the Lungs, by O. Ginsburg, roentgenologist. Many unusual and interesting X-ray plates of lung cavities, artificial pneumo-thorax, spontaneous pneumo-thorax and circumscribed lesions were shown.

At the end of the scientific program, the guests sat down to a supper as a practical demonstration of the sanitarium's cuisine.

The large attendance voted the meeting one of the most successful ever held by the society.

Military News

STANDARD MEDICAL NOMENCLATURE.

In view of confusion arising because of different terms used in various medical groups to designate the same things it was deemed advisable that a conference be held to discuss the adoption of uniform nomenclature. Accordingly, an informal preliminary conference has been held at the offices of the medical section of the Council of National Defense and it is believed that a promising start toward reaching the desired end has been taken.

In a small percentage of instances the same diseases are designated by different words. Similarly, injuries of identical nature, identical operations, procedures such as surgical dressings, diagnostic tests and methods of treatment are, in different branches and in different localities, given different names. The same symbol should be used to designate the same condition. There is also lack of uniformity in abbreviations used in various medical records, such as hospital histories, written orders, and laboratory reports.

It is obvious to all medical men that, as a means of quick understanding and saving of time in these days when time is so precious, the same nomenclature and abbreviations for all identical things should be used. The men who attended the conference were agreed as to the desirability of such entire uniformity.

A net result of the meeting, inasmuch as the Army, Navy, and Public Health Service are prac-

tically in accord, was the passing of a motion that the Council of National Defense, medical section, should request the Surgeon General of the Army, the Surgeon General of the Navy, and the Surgeon General of the Public Health Service each to name a representative to confer on the matter of agreement concerning names of diseases and injuries. It was also voted that after such a list has been prepared there should be called together representatives of the leading national bodies who should have a voice in such decisions. Once a general agreement is reached the 20,000 doctors who go back to civil life after the war will automatically bring these lists into general use throughout the hospitals of the country.

INFORMATION BUREAU ON NATION'S HOSPITALS.

Information regarding the hospitals of the United States, in process of compilation since 1916, is now collated and indexed in the medical section of the Council of National Defense. A central bureau of information concerning the hospital facilities of the country, under war conditions, is thus provided. The data will be kept up to date from month to month. This bureau has not only the details of over 1000 active hospitals but is also gathering full data concerning nearly 8,000 other institutions which include sanatoria, infirmaries, homes, asylums, and dispensaries.

What each hospital has contributed in the way of medical men and internes for war service has been entered on the cards. The number of nurses who have volunteered and those remaining, the possibilities of expansion for war-service, the results of personal inspection by state boards will constitute valuable active working data.

United States Army medical training schools have been created with a capacity of 21,000 officers and men, 15,000 enlisted men, and 6,000 officers have been already trained and graduated.

Pomona Valley Hospital

By JOSEPH K. SWINDT, M. D., Pomona, California.

The Pomona Valley Hospital, located at Pomona, Los Angeles County, is owned by the Pomona Hospital Company, a corporation consisting of about two hundred stockholders. The hospital building is a Class A structure of reinforced concrete, absolutely fireproof construction throughout and bonded against earthquake shock. The building, grounds and equipment represent an investment of seventy-five thousand dollars.

At present there are forty beds equipped for patients. Four rooms are connected with private bath, and four semi-private rooms accommodate two or three patients each. At one end of the basement floor a group of rooms has been arranged for the forcible detention of insane, violent or criminal cases, and includes accommodations for attendants in charge. Spacious diet kitchens on the second and third floors are connected with the main kitchen by large dumb waiters. A home laundry is conducted in the basement.

The operating pavilion includes operating room, obstetric delivery room, sterilizing and scrub rooms. A special eye, ear, nose, and throat operating room has been recently provided for by the family of the late Dr. F. W. Thomas, formerly president of the company.

Patients enter the hospital by an ambulance drive which passes through the basement floor of the building. From this drive they are transported on an automatic elevator to all floors and the roof garden. All rooms are so built that beds containing patients may easily be pushed out to commodious screened porches at each end of all floors, or taken on the elevator to the sun parlor on the